

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

-60-027587

FILED VS JUL 27 1960

Registration District No. 195 Primary Registration District No. 4308 Registrar's No. 62-60

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY McDonald	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Noel		Length of stay in 1b 41 yr.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION at home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) William Samuel Toothaker		4. DATE OF DEATH Month July Day 1 Year 1960	
5. SEX male	6. COLOR OR RACE white	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-6-1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY retired	
11. BIRTHPLACE (City and state or country) Effingham, Ill.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME John Louis Toothaker		13b. MOTHER'S MAIDEN NAME Nancy Jane	
14. NAME OF HUSBAND OR WIFE none		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none	
16. SOCIAL SECURITY NO. none		17. INFORMANT Mrs. Jim Toothaker Noel, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis Investigated By R.M. Humphrey Jr. Coroner McDonald Co. Mo. DUE TO (b) Sudden DUE TO (c) Investigated By R.M. Humphrey Jr. Coroner McDonald Co. Mo.		INTERVAL BETWEEN ONSET AND DEATH Sudden	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 5:00 Month July Day 1 Year 1960 a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Noel, Missouri
21. I attended the deceased from 5:00 P.M. to 5:00 P.M. and last saw her him alive on July 18, 1960 Death occurred at 5:00 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Mary C. Bradley (Degree or title) Registrar		22b. ADDRESS Pineville, Mo.	
22c. DATE SIGNED 7-18-60		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 7-5-1960		23c. NAME OF CEMETERY OR CREMATORY Noel Cemetery	
23d. LOCATION (City, town, or county) Noel, Missouri		24. FUNERAL DIRECTOR Humphrey & Son Noel, Missouri	
25. DATE RECD. BY LOCAL REG. July 18, 1960		26. REGISTRAR'S SIGNATURE Mary C. Bradley	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

J. M. Humphrey

Licensed Embalmer No. 4708

P. O. Address Noel M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.